



Volunteers
 Name: _____

Date	Name of Agency	Hours	Supervisor Signature
Total Number of Hours			

Volunteers Signature: _____ Date: _____

Please turn in your volunteer hours in one of the following ways:
Drop off at office or mail: 1200 Ransom Street Muskegon, MI 49442
Fax: 231.728.5160
Email: stanis@volunteerdental.org